	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					С		
		IL6014948	B. WING		04/21/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ILLINOIS	ILLINOIS VETERANS HOME AT MANTENO ONE VETERAN'S DRIVE						
04.0.1=	CHIMANA DV. CT.		O, IL 60950	DDOMDED'S DI ANI OF CODDECTION	1 0.50		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE		
S 000	Initial Comments		S 000				
	Complaint Investigation 1772334/ IL 93274	on					
S9999	Final Observations		S9999				
	STATEMENT OF LICI	ENSURE VIOLATIONS					
	Section 340.1500)c) N	Medical Care Policies					
	any accident, injury, or resident's condition the safety or welfare of a limited to, the present decubitus ulcers or a percent or more within facility shall obtain an	by the resident's physician of or significant change in a part threatens the health, resident, including, but not be of incipient or manifest weight loss or gain of five in a period of 30 days. The direct record the physician's plant treatment of such accident, andition at the time of					
	This requirement was	not meet by:					
		and record reviews, the the physician of a change in					
	This applies to 1 out 3 skin breakdown from	3 residents (R1) reviewed for a total sample of 4.					
	The findings include:						
	diagnosis including Do Cardiovascular Disea	wed R1 is a 95 year old with ementia, Type II Diabetes se, Chronic Kidney Disease, ant Neoplasm of bronchus					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			С	
		IL6014948	B. WING			21/2017	
NAME OF P	ROVIDER OR SUPPLIER	TE, ZIP CODE					
ILLINOIS VETERANS HOME AT MANTENO ONE VETERAN'S DRIVE							
	T	MANTEN	O, IL 60950				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From page	e 1	S9999				
	The most recent Mini Assessment of R1, d showed R1 is depend of all his care needs toilet use and person Assessment also sho incontinent of bowel adevelopment of press. The Health Status No 2017, showed R1 ha MASD (Moisture Asseccyx area and on covered an area mean the Braden Assessment Status No 2017, showed R1 ha MASD (Moisture Asseccyx area and on covered an area mean the Braden Assessment Status No 2017, showed R1 ha MASD (Moisture Asseccyx area and on covered an area mean the Braden Assessment Status No 2017, showed R1 ha MASD (Moisture Assection Massessment Massessment Massessment Status No 2017, showed R1 ha MASD (Moisture Assection Massessment Masse	imum Data Set (MDS) one on January 9, 2017, dent upon staff to take care (such as: dressing, bathing, al hygiene). This MDS owed R1 is always and at risk for the					
	The Health Status Note for R1, dated April 3, 2017 at 10:32 PM, showed: "the wound to the member's coccyx looks worse now has a depth of 0.3 cm and there is a DTI (Deep Tissue Injury) to the left buttocks next to the coccyx that is 5 x 4.3 cm. Left message for the wound nurse to re-evaluate."						
	dated April 5, 2017, a (Interdisciplinary Tea Tissue Injury on April writing the date of R1 blank. This Change showed: "Area of Tear/Wound/Ulcer: NDTI to the left buttock purple with red induration open areas noted"	Member observed to have ks measuring 5.3 cm deep ation around the wound no					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		IL6014948	B. WING		04	C I/21/2017
	ROVIDER OR SUPPLIER	ONE VE	DDRESS, CITY, STATE	E, ZIP CODE	·	
ILLINOIS	VETERANS HOME AT MA	ANTENO MANTEN	IO, IL 60950			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	(Z1), and showed: "Finduration of skins to with surrounding skin inner one-third left but x 2.3 cm to sacrum or whitish slough tissue. Health Status Note, of PM, showed: "Before room this nurse did the coccyx and left buttook cm x 1.0 cm with nece with large amount of R1's left buttocks 10.0 purple and reddened areas. R1's entire left red, 42 cm x 30 cm." The facility Incident R showed: "Date of Incident: 10 PM to have DTI to left but Z1 Date/Time: April 5. The Hospital History april 5, 2017 at 12:02 from the facility due to decubitus ulcer, which ago." The hospital with R1 on April 6, 2017 at 10.	en by the medical director R1 was seen for a report of left buttock Ulcerations redness and induration to ttock. A wound about 2 cm ampletely covered with " lated April 5, 2017 at 1:20 e R1 left foremergency ne measurements on his acks Coccyx 1.9 cm x 1.0 rotic tissue yellow slough serosanguineous drainage. O cm x 4.0 cm with dark areas with multiple open at buttock was 85 % dark deport, dated April 5, 2017, sident April 3, 2017 Time R1 Member observed ttocks Physician Notified: 5, 2017/8 AM" and Physical for R1, dated at PM, showed: "was brought to concern of sacral in was not present 2 weeks ound consultant assessed at 9:40 AM and documented: there is also an area of	S9999			
	"I went to put the oint his coccyx. It was Mo R1 had a darken area	10:02 AM, E7 (nurse) stated, ment on R1's MASD area on nday (April 3, 2017) I saw a on the left buttocks. I left a				

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STATE FORM STATE FORM If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	, ,	(X3) DATE SURVEY COMPLETED		
		IL6014948	B. WING		04	C // 21/2017
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	1	
ILLINOIS	VETERANS HOME AT M	ANTENO	ERAN'S DRIVE O, IL 60950			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	said she told the night R1's change of condital R1's change of condital R1's change of condital R1's changes in his wound 3rd Health Status No changes are usually unless it's needed. Et was incontinent of stoto clean R1 up. I did way. I wanted the tresent him an email. R1 and warm to touch. The sent him an email. R1 and warm to touch. The wound did not look go knew R1's physician the changes in his wound we do an assephysician. E9 said wound we do an assephysician.	In Sunday (April 2, 2017). E7 It shift nurse (E10) about tion. 2017, E10 (Nurse) said she he care team about R1's id because she saw the April Ite. E10 said R1's dressing not done on the night shift, it of stated, "R1 got dirty and bool (on April 5, 2017). I had not know it had gotten that eatment nurse to see it so I it's wound was redden, hard 18, 2017, E9 said she got a morning on the 5th that R1's bood. E9 stated as far as she had not been informed of bund until the morning of d anytime we have a new essment then call the e will also inform the Change of Condition Report.	S9999			
	said, "I was informed saw R1 because E8 t member's wound was	2:33 PM, Z1 (Physician) about R1 on April 5, 2017. I cold me that the patient, s not looking good." Z1 R1 and decided he needed to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014948	B. WING		C 04/21/2017
NAME OF P	ROVIDER OR SUPPLIER	TE, ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ILLINOIS	VETERANS HOME AT MA	ANTENO ONE VETE MANTENO	RAN'S DRIVE , IL 60950		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
\$9999	be hospitalized for an think R1 had an infechim." Z1 stated any condition should be rez1 stated the Change alert physician, treath any changes in the many changes in	tibiotic therapy. Z1 said, "I tion which overwhelmed change in the member's skin eported to the physician." e of Condition Report will nent nurse and dietician of tember's wound. in Condition Policy, dated d the following: "Procedure: urse will Complete a " icon. Note: The Change of the Physician, Nursing	S9999		

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